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MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C. P.O. BOX 398 AUSTIN, TX 78767-0398 OZ/10/2006 I hereby certify the States Postal Servaddressed to the transmitted to the						tificate of Mailing or Trai is Fee(s) Transmittal is bei vith sufficient postage for f Stop ISSUE FEE addres TO (571) 273-2885, on the	ng deposited with the United irst class mail in an envelope is above, or being facsimile	
05/03/2006 WABDELR3 00000024 501505 10622049					B. Noël Kıvlın (Depositor's name)			
						1	(Śignature)	
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA						4-27-6	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/622,049	07/17/2003 Drew G. Doblar 5181-33005 2271 4: ENCODED CLOCKS TO DISTRIBUTE MULTIPLE CLOCK SIGNALS TO MULTIPLE DEVICES IN A COMPUTER							
TITLE OF INVENTION: SYSTEM	ENCODED CLOCKS TO	DISTRIBUTE M	ULTIPLE CI	LOCK S	IGNALS TO MULT	IPLE DEVICES IN A C	OMPUTER	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	05/10/2006	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
PHU, PH	2631			375-354000	Mayor	tons Hood Kiviin		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Kowert & Goetzel, P.C. B. Noël Kivlin 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Sun Microsystems, Inc. Santa Clara, CA								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🗀 Government								
B D Liberties For OI and the discount committed)				in the am	nount of the fee(s) is end to card. Form PTO-203 reby authorized by character 501505/5181		credit any overpayment, to xtra copy of this form).	
a. Applicant claims S	s (from status indicated abov SMALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no	longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).	
The Director of the USPTC NOTE: The Issue Fee and I interest as shown by the rec	o is requested to apply the Iss Publication Fee (if required) cords of the United States Pa	ue Fee and Publica will not be accepted tent and Trademark	tion Fee (if an I from anyone Office.	y) or to to to the other the	re-apply any previous ian the applicant; a reg	ly paid issue fee to the applistered attorney or agent; o	ication identified above. r the assignee or other party in	
Authorized Signature	B. Noël Kivlin			- .	Date	$\frac{4-27-21}{900}$	<u> </u>	
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